



EXTENSION OF ADOPTION ASSISTANCE AGREEMENT BETWEEN THE DEPARTMENT OF CHILDREN AND FAMILIES, YOUNG ADULT AND ADOPTIVE PARENTS REGARDING SUBSIDY PAYMENTS AND SERVICES

Form with fields for Certification (Initial/Update), Region, Date, Name of Adoptive Parent 1 & 2, Address of Adoptive Parents, Telephone, Type and Amount of Subsidy / Service, Medicaid (YES/NO), and a list of activities for ongoing supporting documentation.

We (I), the adoptive parent(s) of _____, a young adult with special needs in the State of Florida, agree and understand that:

- 1. The department will be responsible for the maintenance adoption subsidy payment and services as agreed to in this document, regardless of our family's state of residence.
2. The maintenance adoption subsidy payment indicated above shall be paid to us each month beginning on the date all necessary parties have signed and dated this agreement.
3. Adjustments in the amount of the maintenance subsidy will be made only with our concurrence and will be based on changes in the needs of the young adult and/or circumstances of the family.
4. Our young adult will receive Medicaid benefits as provided under Title XIX of the Social Security Act, in accordance with the procedures applicable in Florida.
5. If we currently live in, or subsequently move to another state in the USA, and our young adult is Title IV-E eligible, the other state will be responsible for the provision of Medicaid services.
6. We understand that prior to the department approving the use of a non-Medicaid provider; all available resources must be explored (including Medicaid providers, community providers and family insurance).
7. We must contact the department for approval of a non-Medicaid provider prior to obtaining a service from a non-Medicaid provider.
8. The department will notify us in writing if there are statewide changes to the maintenance adoption assistance program.
9. We will immediately notify the department of a change of address.
10. We will notify the department immediately of any change in third party benefits and other income to the above named young adult and understand that this will not affect the amount of the young adult's subsidy but will be used to determine the appropriate subsidy funding source.
11. If the young adult's subsidy is paid with TANF funding, we will receive a letter annually to assist in determining if TANF can continue as the funding source for the young adult's subsidy.
12. We will notify the department immediately in the event there is any significant change of circumstances, related to our young adult's continued need for subsidy.
13. This agreement will terminate upon the conclusion of its terms; or upon request of the adoptive parent(s) or young adult.
14. Services and payments provided under this agreement will terminate when the young adult identified above reaches 21 years of age.
15. This agreement will terminate upon the death of the adoptive parent(s) of the young adult; this agreement will terminate upon the young adult's death.
16. This agreement will terminate when it is determined that the young adult is no longer the legal responsibility of the adoptive parent(s).
17. This agreement will terminate when it is determined that the young adult is no longer receiving support from the adoptive parent(s).
18. This agreement will terminate when the department discovers the young adult was mistakenly determined eligible for benefits.
19. This agreement is subject to change in accordance with change(s) in the state or federal laws and regulations regarding payment of maintenance adoption subsidy.
20. Adoptive parent(s) may appeal the agency's decision to change or terminate adoption assistance in accordance with rules and procedures of the state's fair hearing and appeal process pursuant to Chapter 120, Florida Statutes.

Signature of Adoptive Parent 1 Date Signed

Signature of Adoptive Parent 2 Date Signed

Signature of Young Adult Date Signed

Signature of DCF Representative

Title

Date Signed